IN THE NITED STATES PATENT AND TRADEMARK OFFICE

Applicants:

David Cavalla and Robert William Gristwood

Application No.:

10/519,594

Group:

1617

Filed:

December 28, 2004

Examiner: Layla Soroush

Confirmation No.: 2624

For:

4-(2-FLUOROPHENYL)-6-METHYL-2-(1-PIPERAZINYL)THIENO[2,3-

d)PYRIMIDINE IN THE TREATMENT OF FUNCTIONAL BOWEL

DISORDER

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:

6-11-08

Date

Signature

Hmy Comeau

Typed or printed name of person signing certificate

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for filing in the above-identified application.

Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by
a Small Entity Statement previously submitted.

A Small Entity Statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

The claims fee has been calculated as shown below:

						SMALL	ENTITY	7			R THAN ENTITY
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	R.	ATE	ADDIT. FEE	<u>OR</u>	F	RATE	ADDIT. FEE
TOTAL	7	MINUS	* 20	0	Х	\$ 25	\$		Х	50	\$
INDEP	1	MINUS	** 3	0	Х	\$105	\$		х	\$210	\$
☐ FIF	RST PRESENTATI	ON OF MU	JLTIPLE DEP. C	LAIM	+	\$185	\$		+	\$370	\$
			* not fewer th	nan 20	L				<u> </u>		

** not fewer than 3

TOTAL =

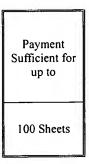
TOTAL =\$

The Application Size Fee has been calculated as shown below: (Effective for cases filed on or after December 8, 2004)

Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	No. of Additional Units Required (Increments of 50 sheets)
6	100	0

SMALI	ENTITY
Rate	Total Amount Owed
X \$130	\$[]

OTHER THAN SMALL ENTITY					
Rate	Total Amount Owed				
X \$260	\$[]				



Petition for Extension of Time

\boxtimes	Applicant hereby petitions to extend the time to respond to the Office Action	dated
	December 11, 2007 for three months from March 11, 2008 to June 11, 2008.	The
	appropriate fee is set forth below.	

[For action-specific language in an extension of time, select the appropriate option from the Firm Templates]

Please ch	arge Deposit Account No. 08-03	80 for the following fees:			
	Petition for [] month Extension	on of Time		\$	
	Claims Fee			\$	
	Application Size Fee			\$	
	Other Fees:			-	
				\$	
				\$	
			TOTAL:	\$	
A check i	s enclosed in payment of the fol	lowing fees:			
\boxtimes	Petition for three months Extens	sion of Time		\$	1,050.00
	Claims Fee			\$	
	Application Size Fee			\$	
\boxtimes	Other Fees:	,		•	
	Supplemental Information Discl	osure Statement		\$	180.00
				\$	
			TOTAL:	\$	1,230.00
	Please charge any deficiency or this matter to Deposit Account N of this letter is enclosed for acco	No. 08-0380. If this submissi	e fees that ma on is in paper	y be forr	due in n, a copy
		Respectfully submitted,			
		HAMILTON, BROOK, SM	IITH & REYI	NOI	DS, P.C.
		By Christine M. Wise Registration No.: 58,073 Telephone (978) 341-0036 Facsimile (978) 341-0136	M. Wisa	<u>e</u>	
Conco Dated:	TUNE 11, 200 8				

SMA/CMW/atc June 11, 2008

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TOTAL	7	MINUS	* 20	0	X	\$ 25	\$		X 50	\$
INDEP	1	MINUS	** 3	0	X	\$105	\$		X \$210	\$
FIF	RST PRESENTATI	ON OF MI	JLTIPLE DEP. CI	LAIM	+	\$185	\$		+ \$370	\$
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Actual Sheets	-	No. of Additional	SMALI	ENTITY		R THAN ENTITY	Payment
(Including current amendment)	Sheets Paid For (At least 100)	Units Required (Increments of 50 sheets)	Rate	Total Amount Owed	Rate _	Total Amount Owed	Sufficient for up to
6	100	0	X \$130	\$[]	X \$260	\$ []	100 Sheets

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	Petition for [] month Extens	sion of Time		\$	
	Claims Fee		•	\$	
	Application Size Fee			.\$	
	Other Fees:	•			
		•		\$	
-				\$	
			TOTAL:	\$	
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heck	is enclosed in payment of the fo	ollowing fees:			•
	Petition for three months Exter			\$	1 050 00
	Claims Fee	ision of Time		\$	1,050.00
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	Supplemental Information Disc	closura Statement		\$	180.00
	Supplemental information Disc	Nostre Statement		- - \$	
			TOTAL:	- \$	1,230.00
			TOTAL.		1,230.00
\boxtimes	Please charge any deficiency or this matter to Deposit Account of this letter is enclosed for acc	No. 08-0380. If this sub			
	,	Respectfully submitte	d,		
		Respectfully submitte HAMILTON, BROOM		NOI	LDS, P.C.
		HAMILTON, BROOM			LDS, P.C.
		HAMILTON, BROOM	K, SMITH & REY 1073 10036		LDS, P.C.